



Docket No. 043978-051000

JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)	Confirmation No. 4194
Gregory W. EASLEY, <i>et al.</i>)	Group Art Unit: 3714
Application No. 09/819,603)	Examiner: David W. Duffy
Filed: March 29, 2001)	
For: CONSOLE-BASED SYSTEM AND)	Date: August 10, 2007
METHOD FOR PROVIDING)	
MULTI-PLAYER INTERACTIVE)	
GAME FUNCTIONALITY FOR)	
USE WITH INTERACTIVE GAMES)	

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 11, 2007, please amend the above-identified application and consider Applicants' remarks as follows.



TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/819,603
		Filing Date	March 29, 2001
		First Named Inventor	Gregory W. EASLEY, et al.
		Group Art Unit	3714
		Examiner Name	David W. Duffy
Total Number of Pages in This Submission		Attorney Docket Number	043978-051000

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Two Month Extension of Time Request <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jessica M. Egner; Reg. No. 51,646 Nixon Peabody LLP 401 9 th Street, N.W., Suite 900 Washington, D.C. 20004-2128
Signature	
Date	August 10, 2007

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
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